

Rehabilitation Services Service Standard

HRSA Definition: Rehabilitation services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

Limitations: Ryan White HIV/AIDS Program funds may not be used to support employment, vocational, or employment-readiness services. However, funds may be used to pay for occupational therapy as a component of allowable Rehabilitation Services.

Services: Funds may be used for physical and occupational therapy, speech pathology services, and low-vision training to improve or maintain a client's quality of life.

Physical therapy helps to maximize client's capabilities. Typical programs may include:

- Therapeutic exercise
- Strength and mobility training
- Gait and balance training
- Muscle re-education
- Innovative treatment modalities such as heat, cold, and electrical stimulation

By concentrating on daily living activities, skilled occupational therapists help clients adjust to everyday environments. Therapies may include:

- Education and training in daily living skills, including eating, bathing, dressing, and grooming
- Sensory-motor skills re-training
- Strength and range of motion training
- Cognitive integration techniques
- Selection and use of adaptive equipment
- Design, fabrication, and application of orthoses (splints)

Speech and language pathology therapies maintain the ability to communicate. Therapies may include:

- Exercises to stimulate receptive, integrative, and expressive processes
- Sensory-motor activities to stimulate chewing, swallowing, articulatory, and voice processes
- Selection and training in the use of no-oral communications aids, including augmentative systems
- Specialized swallowing therapy
- Cognitive skills training
- Compensatory swallowing techniques

Low vision training teaches the client how to use their remaining vision more effectively. Services may include rehabilitation training for:

- Reading
- Writing
- Shopping
- Cooking
- Lighting
- Glare control

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Service Standard and Performance Measure

The following Standards and Performance Measures are guides to improving healthcare outcomes for PLWH throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Performance Measure
<p>Comprehensive Assessment: Provider will complete a comprehensive assessment within five (5) business days of the referral to include:</p> <ul style="list-style-type: none"> • Presenting issue • Physical examination and evaluation performed by the therapist relevant to the type of therapy prescribed • Diagnosis • Prognosis 	<p>Percentage of clients with documented evidence in the client's primary record of a completed comprehensive assessment within five (5) business days of referral.</p>
<p>Plan of Care: In collaboration with the client a plan of care will be developed within ten (10) business days of the completed comprehensive assessment.</p> <p>The plan of care should be signed and dated by the client and located in the client's primary record. A copy of the plan will be offered to the client and documented in the client's record.</p> <p>The plan of care should include:</p> <ul style="list-style-type: none"> • Objective for rehabilitative services • Estimated number of sessions • Type of therapy • Estimated duration. <p>Documentation that plan of care is being followed will include date therapy received, therapy performed, and progress toward meeting objectives in the client's primary record.</p> <p>Plan of care must be reviewed not less than every six months to see if</p>	<p>Percentage of clients with documented evidence in the client's primary record of a plan of care developed within ten (10) business days of the completed comprehensive assessment.</p> <p>Percentage of clients with documented evidence in the client's primary record of the plan of care reviewed at least every ninety (90) calendar days for progress met toward objective.</p>

progress is being met towards meeting objective with documentation in the client's primary record.	
<p>Referrals: If the needs of the client are beyond the scope of the services provided by the agency/provider, an appropriate referral to another level of care is made.</p> <p>Documentation of referral and outcome of the referral is present in the client's primary record.</p>	<p>Percentage of clients with documented evidence in the client's primary record of referrals, as applicable, for services necessary.</p> <p>Percentage of clients with documented evidence of the outcome of the referral made as indicated in the client's primary record.</p>
<p>Discharge: The agency and client will collaborate on a discharge plan once objectives have been met.</p> <p>Reasons for discharge may include:</p> <ul style="list-style-type: none"> • Services are no longer needed • Services needed are outside the scope of rehabilitative services • Client is deceased • Client has moved out of the area. 	<p>Percentage of clients with documented evidence in the client's primary record of a discharge plan, as appropriate.</p>

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 45-46.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013. p. 44-45.

HRSA Policy Notice 16-02. Eligible Individuals & Allowable Uses of Funds. Located at: <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>